DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission . COUNTY Garrett Maryland Garrett MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest lown) write RURAL and give nearest town)
Kitzmiller filled in Pages 1 Kitzmiller executed within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Union Street Union Street completely YES NO 3. NAME OF Middle 4. DATE Month Day Year DECEASED William Albert (Type or print) Bradv DEATH 1966 carbon Mav 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR Months | Male death certificate Feb.8.1885 WIDOWED A 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Slete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if relired) Upper Tract. W. Va. U.S.A. 13. FATHER'S NAME pleas James Madison Brady A. Guthrie Fannie requires that the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Blanche Brady, Shallmar, Md. permit. attending physician. 18. CAUSE OF DEATH |Entar only ona cause per line for (a), (b), and (c). been signed by 5 PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if any, which gave rise to immediate couse certificate has DUE TO (a), steting the underlying the the hospital or use as trior to b PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? prior NO T detached for 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part t or Port II of item 18.) After this OR CONTRIBUTING [] CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Steta) jo fectory, street, office bldg., atc.) Not While DIRECTOR: et work at work Pe 21. I certify that (I) (this hospital) allended the deceased from...... saw the deceased alive on ______ 22e. SIGNATURE 22b. DATE ector, page 3 filed with the MED. SIGNED HOSPITAL FUNERAL DIRECTOR PHYS. PHYS. Page M.D. 22c. PHYSICIAN 22d. ADDRESS Calandrella, M.D. 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) P g g May 8,1966 I.O.O.F. Cemetery Elk Garden, W.Va. 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24- FUNERAL DIRECTOR'S SIGNATURE 1966 VR AIS (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 06958 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) Garrett o. COUNTY o. STATE b. COUNTY 2, and 3 ta PM3. Page d Favette MARYLAND Department b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) after (Connellsville days kland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS farm haurs Give Pages 1, 512 E. Cuppett-Weeks Nursing Home Green NO X YES Office alang with with the Sto within 72 h 3. NAME OF First 4 DATE Month Yeor Lost DECEASED 7th. 19 66 May Lawrence M. Burnworth DEATH with 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED birthdoy) Months Dovs Hours in Item 18. White Male WIDOWED K DIVORCED 24 haurs gud 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Henry Clay Twnp.

14. MOTHER'S MAIDEN NAME the certiticate, writing the ward "pending" in pencil in 4 shauld be farwarded to the Chief Medical Examiner's Electrician Electrical 13. FATHER'S NAME This certificate shauld be executed within Morgan Burnworth Delilah Reiber File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. remaval, 201-01-8399 Mrs. J. W. Hunt Oakland. Md no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PASEL AND DEATH PART I. DEATH WAS CAUSED BY Acute cardiac failure d l IMMEDIATE CAUSE (o) cremation, DUE TO Chronic myocarditis Years Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse D used as burial, a go PEREORMED?
YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Pulmonary emphysema, marked please execute the certificate, agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY ☐ or CONTRIBUTING ☐ MEDICAL EXAMINER: CALISE OF DEATH (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Not While FUNERAL DIRECTOR: Page ot work ot work designated 21. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion Notural causes Suicide deoth resulted from: Accident . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 0 EXAMINER/S James H. Feaster, Jr., M. Oakland, Md. Health (Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 0 REMOVAL (Specify)
Burial Uniontown, Pa. Lawn Cemeterv ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 240 FUNERAL DIRECTOR vollanles Oakland, VR A15ME (5) Marylan 1966 6M 1/66

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Garrett MARYLAND b. CITY OR TOWN (if outside corporale limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town) Rural - Oakland Lifetime Rural - Oakland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Star Route Star Route YES NO 3. NAME OF First Middle 4. DATE Month Day Year DECEASED NTNA FVA (Type or print) DeBERRY DEATH May 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Female Months Hours WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Housewife Own Home Garrett County. Md. USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Syrus Luther Foster Sarah Jana Ervin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service (Son) No Star Route. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), ONSET AND DEATH PART !. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO reliote lasterescular disas Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO TO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Parl I or Perl II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Day, Yeer tactory, street, office bldg., etc.) While Not While Hour a.m. al work al work 21. I certify that (I) (this hospital) attended the deceased from.... 11. 1966, and that death occurred at OMPreme the causes and on the date stated above. saw the deceased alive on. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING X DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Osk land, Maryland Grant. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) DeBerry Family Cem. Near Oakland, Md. Buria 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DAMAY 26 1966 ACharles Que 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) Home Oakland Md 15M 7-62

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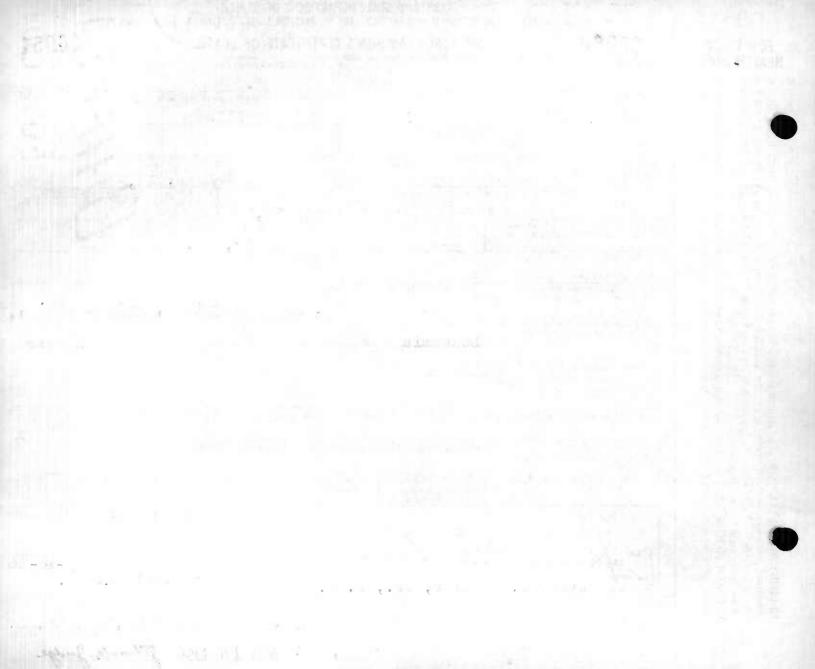
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06950 06951 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERI). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE h COLINTY 10 death. Garrett Garrett MARY! AND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup write RURAL and give nearest town) Life Friendsville Friendsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE within 72 haurs ON A FARM? Pages YES NO X 3. NAME OF First Middle Lost 4. DATE Month DECEASED DEATH S. SEX AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWFD DIVORCED event pril 24.195 gud tem 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) CQUNIRY? during most of working life, even if retired) INDUSTRY Meyersdale, Pa.

14. MOTHER'S MAIDEN NAME dny pages in any pencil 13. FATHER'S NAME be executed within Frances Friend pup Ross Fike IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address shauld be farwarded to the Chief Medical (Yes, no, or unknown) (If yes give wor or dotes of service remaval. Mrs. Frances Friend, Friendsville, Md pending 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH OF. Leukemia IMMEDIATE CAUSE (o) ____ year This certificate shauld writing the ward crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse D 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) the certificate. NO TO designated agent, prior ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor (City or town) (County) (Stote) 5 may be retained for year.

TO FUNERAL DIRECTOR: Page 3
Health or its designated agen Hour o.m. foctory, street, office bldg., etc.) Not While of work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection x, Inquiry 30 and in my opinian death resulted from: Natural causes Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE-TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Oakland. James H. Feaster, Jr., Address (Street, city, town, or county) M. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial coming Rose Friendsville Garrett 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) Grantsville, DATAY 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY GARRETT MARYLAND GARRETT MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b ACCIDENT hrs. 20 min. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State I GARRETT COUNTY MEMORIAL HOSPITAL NO X EXAMINER: This certificate should be executed within 24 hours after death. If any del certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and nould be forwarded to the Chief Medical Examiner's Office along with form PM3. 3. NAME OF First Middle Year Last 4. DATE Month Day the 72 DECEASED DEATH (Type or print) CLAUDE KENNETH FRIEND 2 with 6. COLOR OR RACE | 7. MARRIED XX NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. last birthday) Months I Days Hours WIDOWED ! DIVORCED [JULY 28, 1916 1,9 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) COUNTRY? U.S.A MARYLAMD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARGARET 17. INFORMANT INTEREST 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) permit. I 274-74-7 ACCIDENT. JEAN FRANCES FRIEND 18. CAUSE DF DEATH [Enter only one couse per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Subarachnoid Hemorrhage. Massive 0 Hours burial-transit IMMEDIATE CAUSE (e) used as a burial-tranto to burial, cremation, DUF TD Rupture Congenital Aneurysm of Conditions, If any, which gave rise to immediate Circle of Willis DUE TD cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO should be gent, prior t DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY T or CONTRIBUTING CAUSE OF DEATH. 3 shoul MEDICAL 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, I 20f. (Clty or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While cror: Page designated at work at work Inquiry x and In my ppinion should 21. I certify that I topk charge of the remains described above, held an Autopsy Inspection X FUNERAL DIRECTOR: Undetermined manner Suicide Homicide Natural causes XX Accident CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER IX please ex director. retained Health EXAMINER'S Address (Street, city, town, or county) MARYLAND NAME (Type) JR. M.D. Address
23c. NAME OF CEMETERY OR CREMATORY OAKTAND 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 0 REMOVAL (Specify) Buria Pauls Cemetery 24. FUNERAL DIRECTOR ADDRESS VR ALSME (5) euman Md. 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY e. STATE b. CDUNTY GARRETT 급 MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TDWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH CF STAY IN 1b write RURAL and give nearest town) OAKLAND ACCIDENT = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS 24 ove carbon pap GARRETT COUNTY MEMORIAL HOSPITAL within completely NAME OF First Middle Last DATE Month 4. DECEASED DEATH (Type or print) AIMA HANSEN 5. SEX 6. CDLDR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED remove last birthday) Months | Days any and FEMALE WIDDWED 3 DIVDRCED [2] Yrs. = 10a. USUAL DCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) physician n please val, and in during most of working life, even if retired) INDUSTRY Housewife Own Home GARRETT attending physermit. Then ple death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME THOMAS TURNEY MARY MARGARET SCHLOSSNAGTE 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. INFDRMANT Address been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) NURSE'S 18. CAUSE OF DEATH [Enter only one cause per line for (a), 4b), and (c),] The law requires that the PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 38 CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health certificate this certing detached fo 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) PHYSICIAN: 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While at work Not While at work After p,m to_MAY 70 21. I certify that (I) (this hospital) attended the deceased from the DIRECTOR: *38 MP from the causes and on the date stated above 66 and that death occurred at2 saw the deceased alive on 3 showith 22a. SIGNATURE 22b. page STAFF M.D. PHYS. DIRECTOR PHYS. director, pa 22c. PHYSICIAN'S 22d. ADDRESS should be NAME (Type) OAKLAND, MARYLAND 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THERED 23c. NAME DF CEMETERY DR CREMATORY REMDVAL (Specify) Oakland, Maryland Oakland Cemetery Buria. 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR ADDRESS Oakland, Maryland

VR A15 (4) 20M 1/65 1966

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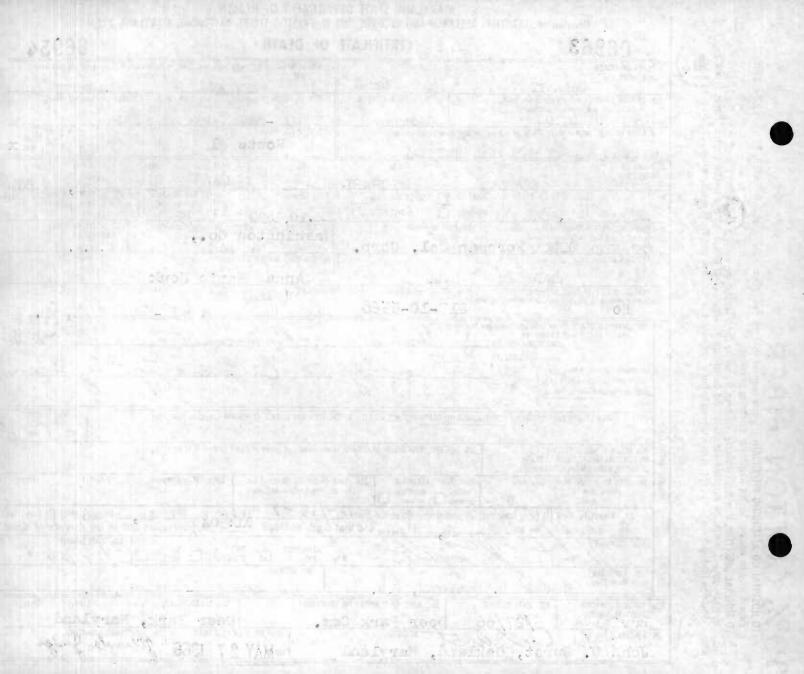
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 CERTIFICATE OF DEATH 06963 06954 y filled in by the funeral on popers. Pages 1 and 2 within 72 hours after death within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY GARRETT MARYLAND MARYLAND GARRETT b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write RURAL and give nearest tawn) OAKLAND 3 dave RIBAL -DEER PARK IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Route #1 YES NO X GARRETT COHNTY MEMORIAL HOSPITAL 4. DATE NAME OF Middle First Last Month Day Year DECEASED (Type or print) MICHAEL DEATH CHARLES HIIII. PHYSICIAN: The low requires that the death certificate be executed IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Davs Haurs WIDOWED DIVORCED MALE DEC. 10. 1890 12. CITIZEN OF WHAT COUNTRY? 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or fareign country)
Washington Co during mast af warking life, even if retired) **INDUSTRY** CELANESE WXXXX Foreman Cel Corp. II.S.A 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removol. Marie Houk **JERIMTAH** HULL Anna 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (WIFE) (Yes, no, ar unknown) (If yes give war ar dates af service) 217-10-5568 BEILLAH HIII.I. DEER PARK INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c).) buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) by DUE TO signed Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause os the the hospitol or offending O FUNERAL DIRECTOR: After this certificate hos been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use NO for 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice blda., etc.) Hour a.m. Not While at wark at wark be retoined by to MAY 21, 19 66 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram_ MAX 21 19 66, and that death occurred of 1:30 M, from couses and on the date stated above sow the deceased alive on_ 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) OAK STREET LEIGHTON director, should b 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Deer Park, Maryland Deer Park Cem. 25b. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTO VR A15 (4) 1966 Durst. 20 M 1/66 Oakland. Maryland



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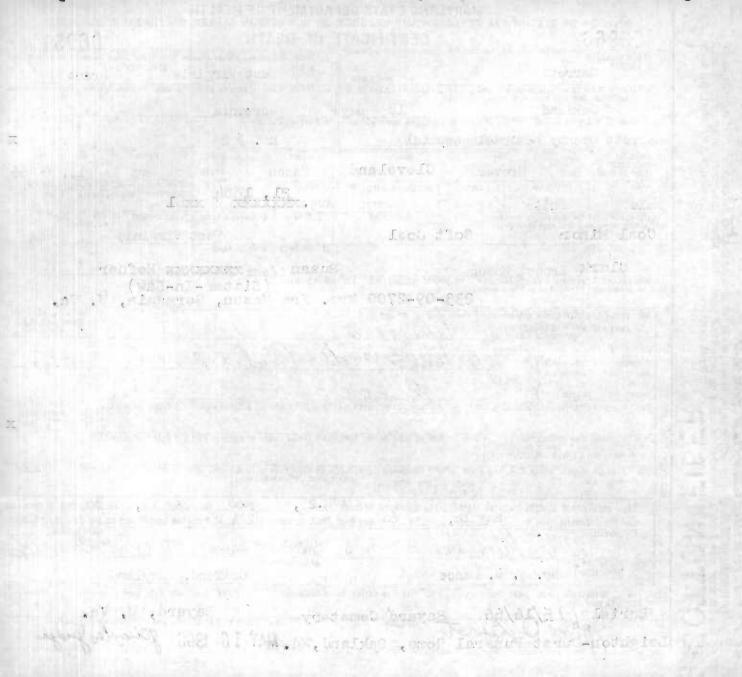
ACCESTED TIMOV Beauti ENTO. ATGROST was the second s 10:5 ·#20 (mathin 40) = 1 (mathin and) = perfect and unit of mathing fra. Thomas Landar, 617:10-1 conto kits. 200 H. L. denmeurther, M.M. Odelend, Ferryland The sat and summer of the contract of the same state of the same state of the same same same sate of the same same same sate of the same sate of MAY 31 1800 FORMER STAN The form of the state of the st

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY b. COUNTY Garrett MARYLAND Garrett b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) write RURAL and give nearest lown) Mt. Lake Park Mt. Lake Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 219 Roanoke Avenue 219 Roanoke Avenue YES NO X 3. NAME OF Middle 4. DATE Month DECEASED FLORENCE DEATH MAY MILDRED (Type or print) 66 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Female WIDOWED A DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Co., Kentucky Hospital USA Cook's Helper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Gipson Compton Victoria Jones 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Daughter No Mrs. George Perrine. Mt. Lake 18. CAUSE OF DEATH |Enter only one cause per-tine PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate ceuse DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While Hour a.m. et work et work p.m. to 1 1 Mcly , 10 02, that (1) (we) last 1946, and that death occurred a 5.3 M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE ATTENDING STAF DIRECTOR leath. Page 4 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) E. Mance. M.D. Oakland. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 Cemetery Oakland. 250, REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) Home , Oakland , Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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M	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	MARYLAND
	06966 CERTIFICATE OF DEATH	06957
	1. PLACE DF DEATH a. COUNTY Garrett MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: fa. STATE West Virginia b. COUNTY G	Residence before admission
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH CF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	and give nearest town
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Garrett County Memorial Hospital Rt. # 2	ON A FARM? YES NO
	3. NAME OF First Middle Last 4. DATE Month OF OF Cleveland Mason DEATH May	Day Year
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 48. DATE OF BIRTH 1881 9. AGE (In years IFUNDER last birthday) Male White Widowed Divorced Aug Aug 19. AGE (In years IFUNDER Months)	Days Hours Min.
1	Loa. USUAL OCCUPATION (Give kind of work done in the country) 12. Coal Miner Soft Coal West Virginia	USA
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	0.025
1	Clark Ernest Mason Susan Jane XXXXXXXX Hefner	
-	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Sister-In-Law) (Yes, no, or unkown) (If yes give war or dates of service) 233-09-2700 Mrs. Ira Mason, Gormania, W	
=	18. CAUSE DF DEATH [Enter only one cause per ling for (a), (b), and (c).]	I INTERVAL BETWEEN
ŀ	PART I. DEATH WAS CAUSED BY: UTELLE Q	ONSET AND DEATH
I	442X DUE TO FINE PARTY OF AS AS AS	
	gave rise to immediate (b) (b) (likello schoole (andlo -/leuro)	10950
1	cause (a), stating the underlying cause last. DUE TO Queen Co	
10012001	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	19. WAS AUTOPSY PERFORMED? YES NO
11200	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1.)
100000	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 While at work at work 20f. (City or town) 20f. (City or	unty) (State)
ľ	21. I certify that (I) (this hospital) attended the deceased from APR. 25, 1966, to May 14, 19	66, that (I) (we) las
	saw the deceased alive on May 11, 19 66, and that death occurred at 2 A M, from the causes and on t	
	ATTENDING MED. STAFF	DATE SIGNED
	22c. PHYSICIAN'S	may est
-	NAME (Type) Dr. A. E. Mance Oakland, Maryland	
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
	Burial / 5/16/66 Bayard Cemetery Bayard W. V	a
П.	24. FUNERAL DIRECTOR 255. REGISTRAR	s signature
Is		-0



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06967 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 16958 HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Virginia COUNTY a. COUNTY Lincoln delay is and 3 ta Garrett af MARYLANO Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, and minutes after Hamlin e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS along with farm 8. Give Pages 1, DOA Garrett Memorial Hospital YES PE NO Stote [3. NAME OF 4. DATE First DECEASED the LEO MCCALLISTER with the DEATH (Type or print) 9. AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH S SEX 6. COLOR OR RACE 7. MARRIED 3 NEVER MARRIEO birthday) Haurs Male White Sept. WIDOWFO event and 2 em 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark dane COUNTRY Gas Wells Lincoln Co.. W. Va. dny 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME certificate shauld be executed within in pen James B. McCallister Nellie File pup 17 INFORMANT 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the certificate, writing the ward "pending" in 4 should be farwarded ta the Chief Medical permit. (Yes, no, stunknown) (If yes give war ar dotes af service ar removal. Koontz Funeral Home, Hamlin, W. Va. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH OCCLUSION CORONARY IMMEDIATE CAUSE (o) please execute the certificate, writing the ward used as a burial-tr burial, cremation, DUE TO SCLEROSTS CORONARY Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause nsed (WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION prior to pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY C or CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Doy, Year foctory, street, office bldg., etc.) Haur a.m Not While FUNERAL DIRECTOR: Page at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection x Inquiry 3 ond in my apinian for Natural causes Suicide . the funeral directar. Accident Hamicide Undetermined manner deoth resulted from: be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE-5-26-66 DEPUTY MEDICAL EXAMINER ar EXAMINER'S Address (Street, city, town, or county) Oakland. Health Feaster. Jro. M. D. James 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, 0 Martin Cemetery Hamlin. VR A15ME (5) Oakland, Maryland Durst, 6M 1/66

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FOR STATE HEALTH DEPT.

TO DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to be tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06959 69

-								U	0000
1.	PLACE OF DEATH					DENCE (Where dec		tution: Resid	dence before admission)
	G	arrett		MARYLAN	D a. STATE	Md.	b. COUNT	Ga	rrett
	b. CITY OR TOWN	N (If outside corporat and give nearest tow	te limits,	c. LENGTH OF STAY IN	1b c. CITY OR TOWN	N (If outside cor	porete limits, writ	e RURAL an	d give nearest town)
R	. D To	naconing	Tele year	Life	R.D.	Lonac	oning.	11	- /
	d. NAME OF HOS	PITAL OR INSTITUTIO	N (If not in h	ospital, give street eddr	ess) d. STREET ADDR	ESS			8. IS RESIDENCE ON A FARM?
							_		YES NO
3.	NAME OF DECEASED	FI	rst	Middle	Lest	4. DATE	Month		Day Year
-	(Type or print)	Lloy	- Advantage	Miller		DEATH	ALCLY .	15,	19 66
٥.	SEX	6. COLOR OR RACE		NEVER MARRIED	8. DATE OF BIRTH	9.	last birthdey)	FUNDER 1 Y Months Da	EAR IF UNDER 24 HRS.
100	M IIIII OCCUPATI	ION (Give kind of work	WIDOWED	DIVORCED] Jan. 31,	1894 '	/2 yrs.		
dur	ing most of work	ing life, even if retire	d) [1	IND OF BUSINESS OR NOUSTRY	AC-4 4 - 50 C 20 C 1	E (State or fore)		COUN	ZEN OF WHAT
	tired C	arpenter	Har	bison-Wall		on, Md.	•	U	ISA
13.					14. MOTHER'S N	MAIDEN NAME			
15	Christ	opher Mil		AAALIL AVALIDIDADA		a Jane V			
(Ye	es, no, or unkown)	(If yes give war or dates or	f service)	SOCIAL SECURITY NO.	17. INFORMANT		Address		Md.
	No		I fam als	4-07-0043	Mrs. Nell	ie Mil	ler,R.]	D. Lon	aconing,
		DEATH [Enter only one ATH WAS CAUSED BY:		Ine for (a), (b), end (c).]					NTERVAL BETWEEN ONSET AND DEATH
	11.4	IMMEDIATE CAUSE	(a) <u>Co</u>	ronary Occ	lusion				Sudden-
	420	DUE	TO A~	+0710-070-			7 22		3.5
	Conditions, if e	Immediate /		terioscler	oule card.	lovascu	Lar dis	ease_	Years
	ceuse (a), st	- to-A							
Z	PART II. OTHER S		(c)	ITING TO DEATH BUT NOT	RELATED TO THE TERMIN	AL DISFASE CONI	OLTION GIVEN IN PA	ART 1(a)	19. WAS AUTOPSY
ICATIO									PERFORMED? YES NO
MEDICAL CERTIFICATION	20a. EXTERNAL PRIMARY ☐ or CAUSE OF DEATH	CAUSE WAS CONTRIBUTING	20b. I	DESCRIBE HOW INJURY	OCCURRED. (Enter natur	e of injury in Pa	rt I or Part II of	item 18.)	
DICAL	20c. TIME OF I	NJURY Month, Day,	Year 2Dd. II	NJURY OCCURRED 20e.	PLACE OF INJURY (Hom actory, street, office bld	e, farm, 20f. (g., etc.)	City or town)	(County	(State)
ME	p.m		at work	et work		3			
	/ .7			ains described above], Inspection		=	and in my opinion
	death resulte	ed from: Natural	causes X	, Accident,			Undetermined n	nanner _	
	ACTUAL	115		1		MEDICAL EXAMINER	NED [22. DATE SIGNED
	SIGNATURE	m fol	Locher	-		EDICAL EXAMINE		5	-15-66
	EXAMINER'S NAME (Fype)	James H.	Weget.	er, Jr., N			or county ak	-	_Md.
23a	. BURTAL, CREMA	ATION, 23b. DATE T	THEREOF	23c. NAME OF CEME		23d. LO	CATION (CIty, tow		
	Burial	5/18/6	56	Blocher	Cemetery	Sta	r Route	Garr	bM tte
24	. FUNERAL DIREC	CTOR		ADDRESS	25a.	REC'D BY REGIS	TRAR 25b. REG	ISTRAR'S S	IGNATURE
1	with E.	Heumo	en	Grantsvil:	Le, Md. my	Y 1 8 19	66 goly	mela.	Judge.
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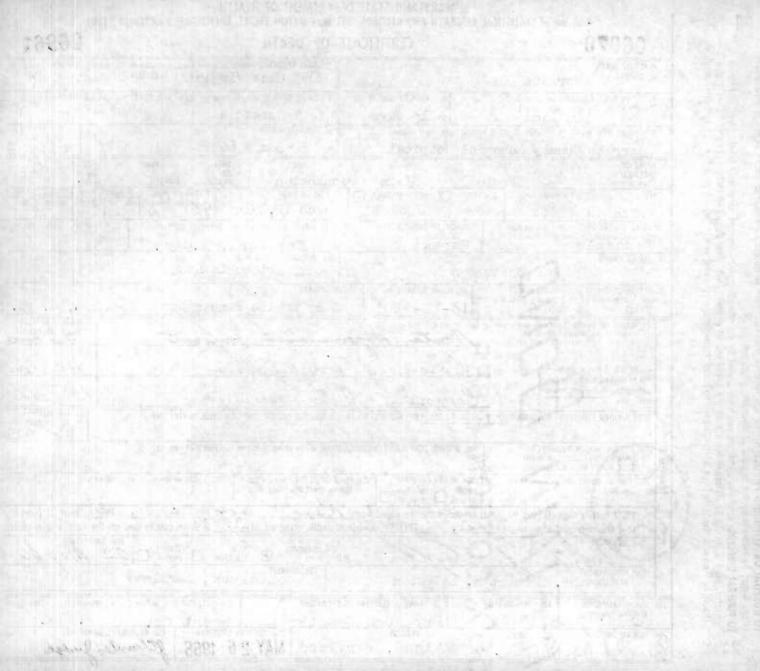
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06963 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death and deat 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Garrett Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give near (1974) and c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) days-18 hrs Deer Park d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Garrett County Memorial Hospital YES NO X 3. NAME OF Middle pan First Last 4. DATE Manth Day Year DECEASED 19 66 Merritt Paugh 28. Robert May (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR S. SEX I IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 1890 birthday) White DIVORCED August 20, 1966 Male WIDOWED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar foreign country) during mast of working life, even if retired) **INDUSTRY** Deer Park, Garrett, Md. S. A. machine operator Lumb er 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI Jehu Clarissa Roderick Demmit Paugh 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war ar dates of service) Virgie Paugh Deer Park. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a),
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUF TO stating the underlying cause the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been as the 19. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO YES 🗌 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or tawn) (County) (State) foctory, street, office bldg., etc.) Nat While at wark at work 21. I certify that (I) (this haspital) attended the deceased from 1950, to 1860, that (I) (we) last saw the deceased olive an 27 huar 1960, and that death occurred at 215 M, from causes gold on the date stated above. 8 Mais, 1966, that (1) (we) last saw the deceased olive an 27 war 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. M.D. DIRECTOR director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Oakland, Maryland E. Mance 23a. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) Short Run Cemetery Garrett 250 PICH BY REGISTRAP 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Oakland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06961 06970 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). PLACE OF DEATH completely filled in by the funeral ove corbon papers. Poges 1 and o. COUNTY o. STATE West Virginia b. COUNTY Grant. Garrett MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 Days Gormania Oakland e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS within 72 Box # 66 Garrett County Memorial Hospital YES NO X 3. NAME OF Middle 4 DATE First Lost Month Doy Year DECEASED 19 66 Pennington May Herdle Blake DEATH (Type or print) IF UNDER 24 HRS. 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR S SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Gost birthdoy) Months Dovs Hours March 12,1914 White DIVORCED WIDOWED Male 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Mechanic COUNTRY? **INDUSTRY** Garage Dry Fork. W. Va 13. FATHER'S NAME Artehchia Long Adam Pennington the ottending parties of the 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Lucy Louise Pennington Gormania. 13-12-91 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), gnd (c).) buriol-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUF TO stoting the underlying couse Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been as the WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) D NO for 2Do. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. While Not While at work of work 21, 1900, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram March 19 66, and that death accurred at saw the deceased alive an May 21 M. Fram causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 22 M.D. PHYS DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S Oakland, Maryland Herbert H. Leighton NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) Meliantas Oakland. Maryland 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY b. COUNTY e. STATE MARYLAND GARRETT GARRETT **MARYLAND** b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH CF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND davs = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS ON A FARM? 24 WEST LIBERTY STREET YES NO X GARRETT COUNTY MEMORIAL HOSPITAL completely to ve carbon p within executed within 3. NAME DE Day First Middle Last 4. DATE Month Year DECEASED (Type or print) MYRTLE ANNA RODEHEAVER DEATH MAY 19 66 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS SFX 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED OCT-11.1896 69 1Da. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY HOUSEWIFE MARYTAND death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ned by the attend 1-transit permit. (Yes, no. or unkown) (If yes give war or dates of service) OAKLAND, MD. MARY EVERD 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 3 del the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-trainer to burial, cr DUE TO Conditions, If eny, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO N PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) tached f (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour e.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from_ 19.66. that (I) (we) last 40 M. from the causes and on the date stated above. 3 sho saw the deceased alive on MAY 19_66_ and that death occurred at 22b. DATE SIGNED 22a. SIGNATURE page DIRECTOR M.D. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) GRANT. M. D. THIRD STREET BURIAL, CREMATION, REMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREOF 66 Oakland Cemetery ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) Home. Funera 2DM 1/65

And the state of t Telephone Line France on Shader Judy MAI 23 1996 Jones Judy

AND STATE DEPARTMENT OF HEA Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission) e. COUNTY files. Health, b. COUNTY Garrett MARYLAND Garrett b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) or. write RURAL and give nearest town) 0 for your Rural-Deer Park Yrs. Rural - Deer Park State Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS within 24 hours after death. It en, 18. Give Pages 1, 2, and 3 to the funeral th form PM3. Page 5 may be retained for trait. File pages, and 2 with the State Boatmit. File pages, and 2 with the death. e. IS RESIDENCE ON A FARM? Route Route #1 YES NO 3. NAME OF First Middle 4. DATE Month Day Ynar DECEASED OF ALTA (Type or print) DEATH May JANE UPOLE 66 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Hours 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Housewife Own Home Garrett Co., Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Parry Paugh Tasker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) ((If yas give wer or dates of servica) (Son) 213-01-7252D Russell Wpole. Rt #1. Deer Park, Md. 18. CAUSE OF DEATH [Enter only one couse par line for (e), (b), and (c).] = ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and Myocardial infarction Sudden IMMEDIATE CAUSE (a) Office removal, DUE TO burial Arteriosclerotic cardiovascular disease Years Conditions, if any, which "pending" gava rise to immadiata causa DUE TO writing the word "pendin Chief Medical Examiner (e), steting the underlying as used ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? 99 стета NO X 0 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. Chief age 3 to buri MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I Month, Day, Year 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy | |. Inspection X, Inquiry X and in my opinion idease execute the fifting is should be forwarded to FUNERAL DIRECTO death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER James H. Feaster, Jr., Oakland, Md. 5-2-66 NAME (Typa) Addrass (Straat, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Spacify) 940 Upole Family Cometery Mt#1. Deer Par 23. FUNERAL DIRECT VS. A15ME Home, Oakland, Md. 5M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06974 CERTIFICATE OF DEATH be executed within 24 hours after death Engine of the filled in by the funeral capave carban papers. Pages 1 and 3 in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Garrett MARYLAND Pennsylvania Somerset c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Somerset Grantsville, rural 21 months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM2 d. STREET ADDRESS 158 East Church Street Goodwill Mennonite Home, Inc. NO 1 3. NAME OF Middle 4. DATE First Month Year DECEASED Jennie 19 66 S. Wilhelm (Type or print) DEATH May 9. AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) 86 yrs. Months Dovs Hours WIDOWED X DIVORCED Feb. 29,1880 female white 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY pleasi requires that the death certificate Somerset Co. Pa. U.S.A housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Perry Schrock Dumbald 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Christine W. Judson, Ft. Lauderdale, Fla. 185-38-4977 no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse Page 4 may be retained by the hospital or unenturing TO FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) While ot work ot work 21. I certify that (1) (this hospital) ottended the deceased from Quan 3, 1964, to man 21, 1966 that (1) (we) last saw the deceased alive on men 21 1966, and that deat occurred at 2001M, fram coules and an the date stated above 22o. SIGNATURE DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Grantsville, Md. Paige Strong, M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BURIAL, CREMATION, (County) REMOVAL (Specify) Soman.1 May 25.66 Husband Ceneter Som enct ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24/ FUNERAL DIRECTOR VR A15 (4)

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